

2016 Point in Time Survey (Complete ONE survey for EACH Household or Single)

Agency Name: _____

Program Type (Choose one)

- ☐ Emergency Shelter (ES) ☐ Transitional Housing (TH)

Households (Choose one)

- ☐ Single Adult
☐ Single Child (under 18)
☐ Household with at least one Adult and One Child
☐ Household with only Adults (all family members are 18 and over)
☐ Household with only Children (all family members are under 18)

Household Size (Total number of persons in household): _____

Head of Household or Singles (Fill Out the Below Charts)

Age	Count
Under age of 18	
Ages 18-24	
Over the age of 24	
Gender	Count
Female	
Male	
Transgender	
Ethnicity	Count
Non-Hispanic/Non-Latino	
Hispanic/Latino	
Race	Count
White	
Black or African-American	
Asian	
American Indian or Alaska Native	
Native Hawaiian or Other Pacific Islander	
Multiple Race	

All Other Family Members (Fill Out the Below Chart)

Age	Count
Under age of 18	
Ages 18-24	
Over the age of 24	
Gender	Count
Female	
Male	
Transgender	
Ethnicity	Count
Non-Hispanic/Non-Latino	
Hispanic/Latino	
Race	Count
White	
Black or African-American	
Asian	
American Indian or Alaska Native	
Native Hawaiian or Other Pacific Islander	
Multiple Race	

Subpopulations (Head of Household or Singles Only)

	Count	None
Veterans		<input type="checkbox"/>
Severely Mentally Ill		<input type="checkbox"/>
Chronic Substance Abuse		<input type="checkbox"/>
Persons with HIV/AIDS		<input type="checkbox"/>
Victims of Domestic Violence		<input type="checkbox"/>

Subpopulations (All Other Adult Family Members)

	Count	None
Veterans		<input type="checkbox"/>
Severely Mentally Ill		<input type="checkbox"/>
Chronic Substance Abuse		<input type="checkbox"/>
Persons with HIV/AIDS		<input type="checkbox"/>
Victims of Domestic Violence		<input type="checkbox"/>

(For ES Programs: Head of Household or Singles Only)

Do you or any adult in the household have a disability of long duration?

- ☐ Yes ☐ No

Have you been on the streets or in the emergency shelter continuously for 1 year or longer?

- ☐ Yes ☐ No

Including this time, how many times have you been housed and then homeless again (either on the streets or in emergency shelter), over the past 3 years?

- ☐ Less than 4 times ☐ 4 or more times

If 4 or more times, have you been on the streets for a total of 12 months, over the past 3 years?

- ☐ Yes ☐ No